STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155773	A. BUILDING _____ B. WING _____	C 03/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE AT SOLARBRON THE	1701 MCDOWELL RD EVANSVILLE, IN 47712

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00105051. Complaint IN00105051- Substantiated, no deficiencies related to the allegations are cited. Survey dates: March 28 and 29, 2012 Facility number: 010930 Provider number: 155773 AIM number: N/A Survey team: Anne Marie Crays, RN Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Residential Sample: 4 The Terrace at Solarbron was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00105051. Quality review completed on March 30, 2012 by Bev Faulkner, RN	R 000		